PTO/SB/17 (05-07)
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U.S. Patent and Traggerian Voltage, U.S. DEPARTMENT OF COMMERCE

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Effective	Complete if Known						
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)			Application Num	77.	10/660,797-Conf. #6152		
FEE TRANSMITTAL			Filing Date		September 12, 2003 David GOODMAN		
For	First Named Inve		W. F. Briney				
		2015					
Applicant claims small	Alt Olik						
TOTAL AMOUNT OF PAY	Attorney Docket No. 5556-0102POS1						
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
x Charge fee(s) indicated below Charge fee(s) indicated below. except for the filing fee							
Charge any additional fee(s) or underpayments of x Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17							
FEE CALCULATION							
1 BASIC FILING, SEARCH, AND EXAMINATION FEES							
,	FILI	NG FEES SI	EARCH FEES	EXAMIN	ATION FEES Small Entity		
Application Type	Fee (\$)	Small Entity Fee (\$) Fee	\$ Small Entity \$) Fee (\$)	Fee (\$)	Fee (\$)	Fees P	aid (\$)
Utility	300	150 500		200	100		
Design	200	100 100) 50	130	65		
Plant	200	100 30) 150	160	80		
Reissue	300	150 50	250	600	300		
Provisional	200	100	0 0	0	0		
2. EXCESS CLAIM FEES Small Enti							
Fee Description							25
Each claim over 20 (including Reissues)						50 200	100
Each independent claim over 3 (including Reissues)							
Multiple dependent claims Multiple Dependent Claims							
10101-1-1	a Claims		ee Paid (\$)		Fee (\$) Fee Paid (\$)		<u>i)</u>
HP = highest number of total of	X				- 13.2		
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indep. Claims Extr	<u>a Ciailia</u> X	=					
HP = highest number of independent claims paid for. If greater than 3							
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If the specification and drawings exceed 100 sheets of paper (excluding electronical) in the specification and drawings exceed 100 sheets of paper (excluding electronical) in the specification and drawings exceed 100 sheets of paper (excluding electronical) in the specific							
			b additional 50 or fr	action there	of Fee (\$)	Fee	Paid (\$)
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x = Fees Paid (\$)							
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Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00							
SUBMITTED BY	2 00 0	32				(700) 01)E 0000
Signature fun	ull()	Pain	Registration No (Attorney/Agent)	40,758		(703) 205-8000 May 7, 2007	
Name (Print/Type) Russell O. Paige Date May 7, 2007							